29 JUL 2015 Waterfront Meeting

	Speaker	Topic	Time
Lecture Pretests			10
MRD-SD	LT Hightower	Opening Remarks	10
NMCSD MH	CDR Cazares	SARP + Oasis Liaison	15
MRD-SD	CDR Navarrete	Well Woman	10
Fleet Dental	LT Chilcutt	Dental Updates	5
NMCSD ED	LCDR Wisniewski	Shipboard Trauma	45
NMCSD MH	LCDR Ong	Management of MH Crises	45
University of SD	CDR Buechel	HPV Study	5
Fleet Optometry	LT Johnson/LT Collins	Updates	5
MRD-SD	LT Hightower	Updates	5
Lecture Posttests			10
		Total	165

Pre Test

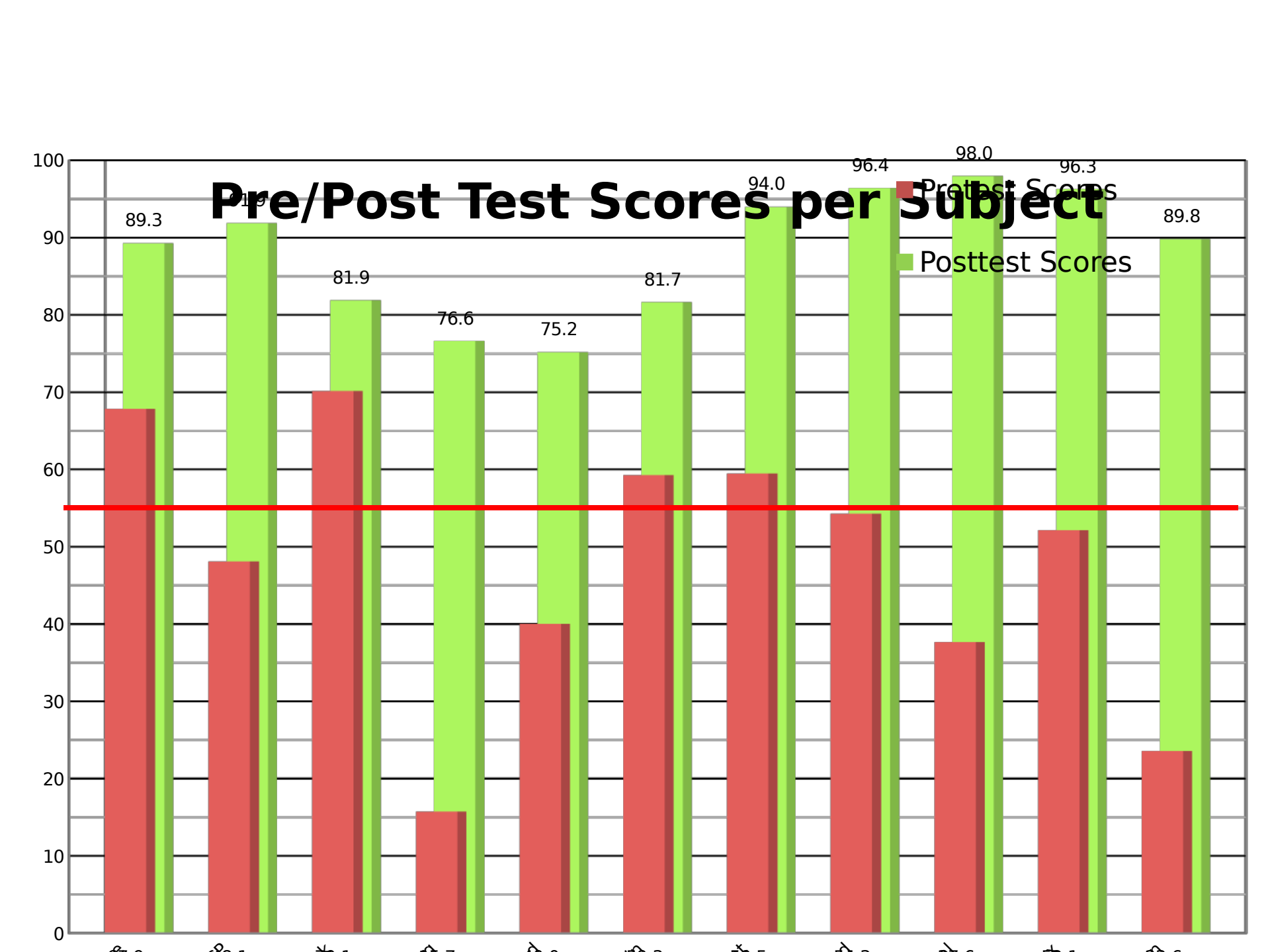
Please start on the quizzes as soon as you find a seat!

Put your name on the quiz and **pass to the end of the row (left) when you are done.** Thank you!

Most commonly used grading system in United States public high schools[1]

Numeric Grade	Standard Grade	Grade Point Average
90–100	**A**	**4.0**
80–89	**B**	**3.0**
70–79	**C**	**2.0**
60–69	**D**	**1.0**
Less than 60	**F**	**0.0**

[1] SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, The 2009 High School Transcript Study.


Pre/Post Test Scores per Subject
Pretest Scores
Posttest Scores
100
90
80
70
60
50
40
30
20
10
0
89.3
81.9
76.6
75.2
81.7
94.0
96.4
98.0
96.3
89.8

Pre Test

Please start on the quizzes as soon as you find a seat!

Put your name on the quiz and **pass to the end of the row (left) when you are done.** Thank you!

Medical Readiness Division

MRD_SD_GMO@navy.mil
(619) 556-5191
Bldg 116
San Diego, CA 92136

Clinic (619) 556-8114

SARP and OASIS

Paulette T. Cazares, MD, MPH
CDR MC USN
Psychiatrist, Department Head, SARP & OASIS
Chair, Provider Wellness Committee
Naval Medical Center San Diego
Quarterdeck: 619-553-0084
(O) 619-767-4893
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(Clinic fax) 619-553-8945

Well Woman!

CDR Rebecca Navarrete, FNP-BC, NC USN

Interim Senior Medical Officer

(619)556-8108/2801

Naval Branch Health Clinic, Naval Base San Diego

2450 Craven St., Bldg. 3300

San Diego, CA 92136

OPTOMETRY

MISSION: "OPTOMETRY READINESS" FOR THE FLEET

FLEET LIAISON

- Meet medical readiness among the fleet without compromising lost work hours by providing an opportunity to coordinate eye exams either on-board, underway, or open clinic schedules to include availabilities conducive to ships needs.
- Work closely with IDCs to ensure all who require eyewear are equipped to be deployable
- Provide lectures and trainings on eye trauma
- Point of contact for any optometry related questions/concerns

NMCSD Optometry Clinics

- 6 clinics
  * NMCSD 0600-1600
  *North Island 0700-1600
  *MCRD 0700-1530
  *NTC 0700-1530
  *Naval Station 0630-1530
  *Miramar 0630-1600

Walk-In Clinic

- Miramar (AM only)
  - Tuesday
  - Thursday
- Naval Station (AM only)
  - Tuesday
  - Thursday
  - Friday

**********First come, First Serve**********

New POC

- Outgoing: LT Kamilah Johnson
- Incoming: LT Brent Collins
  - DIVO, NAVAL STATION 32ND ST. OPTOMETRY DEPARTMENT
  - FLEET LIASION COORDINATOR
  - 619-556-8065/8063
  - brent.d.collins2.mil@mail.mil

Fleet Dental

Sara A. Chilcutt LT DC USN

Fleet Division Officer/ Fleet Liaison Officer

NBHC Naval Base San Diego

Fleet Office: (619) 556-4797

Front Desk: (619) 556-8239/40

sara.a.chilcutt.mil@mail.mil

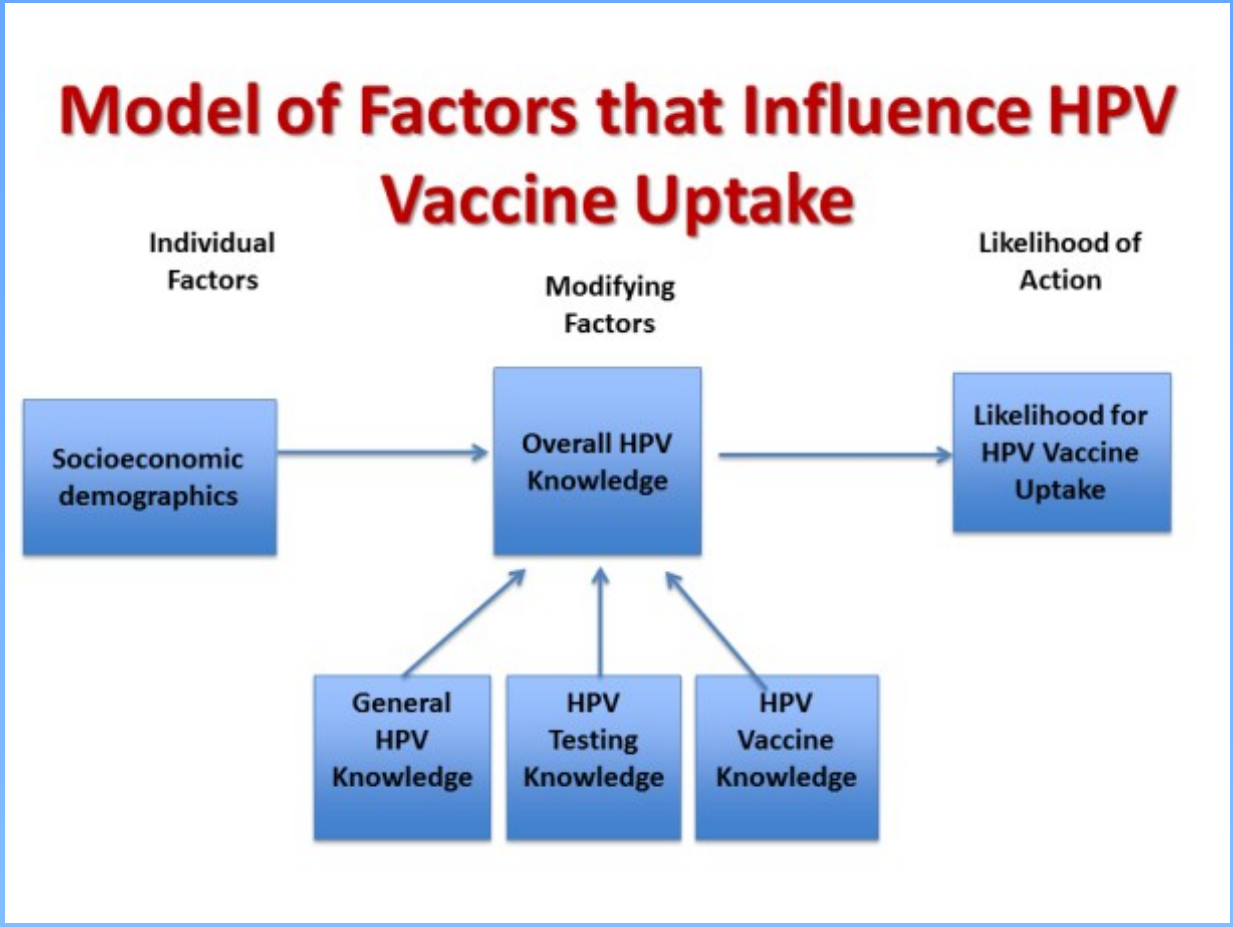
HPV Knowledge and HPV Vaccine Uptake Among U.S. Navy Personnel 18 to 26 Years of Age

Jennifer Buechel, CDR, NC, USN

Introduction

- PhD Candidate at the University of San Diego, California
- Obtained NMCSD and USD IRB approvals
- Federally funded grant under the Tri-Service Nursing Research Program
- Obtained research setting approval from the Commander, U.S. Navy Forces Pacific
- All COs and XOs (SURFPAC) are aware
- Study recruitment phase began late May 2015

Study Purpose



Study Methods

- Inclusion Criteria:
  - Active duty (or reserve on active status) in the U.S. Navy between 18 and 26 years old
  - *Goal of 250 participants*
- Electronic survey using Max Survey software
- Recruitment Strategies:
  - First: Batch emails
  - Second: Advertisements
  - Third: In person

Contact Information

CDR Buechel
Email: jbuechel@sandiego.edu
Primary #: 734-250-4190
Secondary #: 619-825-7385

Medical Readiness Division

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Active Duty Clinic-Gen Surgery

- Director, MRD CDR Hoang has volunteered to see common general surgery pathology on Fridays at Dept of Surgery, NMCSD to fast track fleet referrals, including:
  - Soft tissue (lipoma, epidermal inclusion cyst, pilonidal cyst);
  - Anal disease (hemorrhoid, anal/rectal abscess);
  - Screening colonoscopy
  - Symptomatic cholelithiasis
  - Hernia (ventral, incisional, inguinal, umbilical)

  - Gen surg matrix referral rules still apply.

- Conditions requiring long term follow up will not be included in active duty clinic, unless discussed with MRD Physician Supervisors.

- Include “forward to Dr. Hoang” in body of the referral.

Ship Board Trauma
The Essentials

Authored by: Paul Wisniewski, D.O.
Trauma and Critical Care Surgeon
Presented by: Tuan Hoang, MD, FACS

Overview

- Goals:
- Discuss initial resuscitation and trauma management
- Look as specific trauma situations related to ship board accidents and traumas
- Closing thoughts

Trauma Basics

- The initial resuscitation
- All trauma resuscitations start the same.
  - At the scene with first responders.
  - New way of looking at things for trauma
    - C✉A✉B (circulation, i.e. hemorrhage control, airway, and breathing)
    - Work in parallel if possible, but if one provider you must work horizontally.

Trauma Basics

- Parallel means doing airway and circulation at the same time.
- Horizontal means one step to the next C✉A✉B.
  - Once external hemorrhage is controlled then you can move on to airway.
- It is a change in mindset.
- A✉ B✉ C has been drilled into everyone's thought process, but has changed for trauma…..still same for ACLS!!!!!

Airway

- You must secure the airway depending upon the situation.

- Bag valve mask
- Intubation
- Cricothyroidotomy
- Remember: No breathing, NO life

Airway

- Tube through Cords on Glide scope View
- This is what You need to See!

Trauma Basics

Placing a tourniquet is a good way to get control of arterial bleeding, but the extremity may still bleed secondary to venous occlusion. So, direct pressure is still useful.

Once you see that they are not exsanguinating from a traumatically amputated limb, then you go onto airway.

Warning

- Graphic picture next!!!!

Traumatic Hand Amputation

Placing a Tourniquet on the Extremity

Breathing

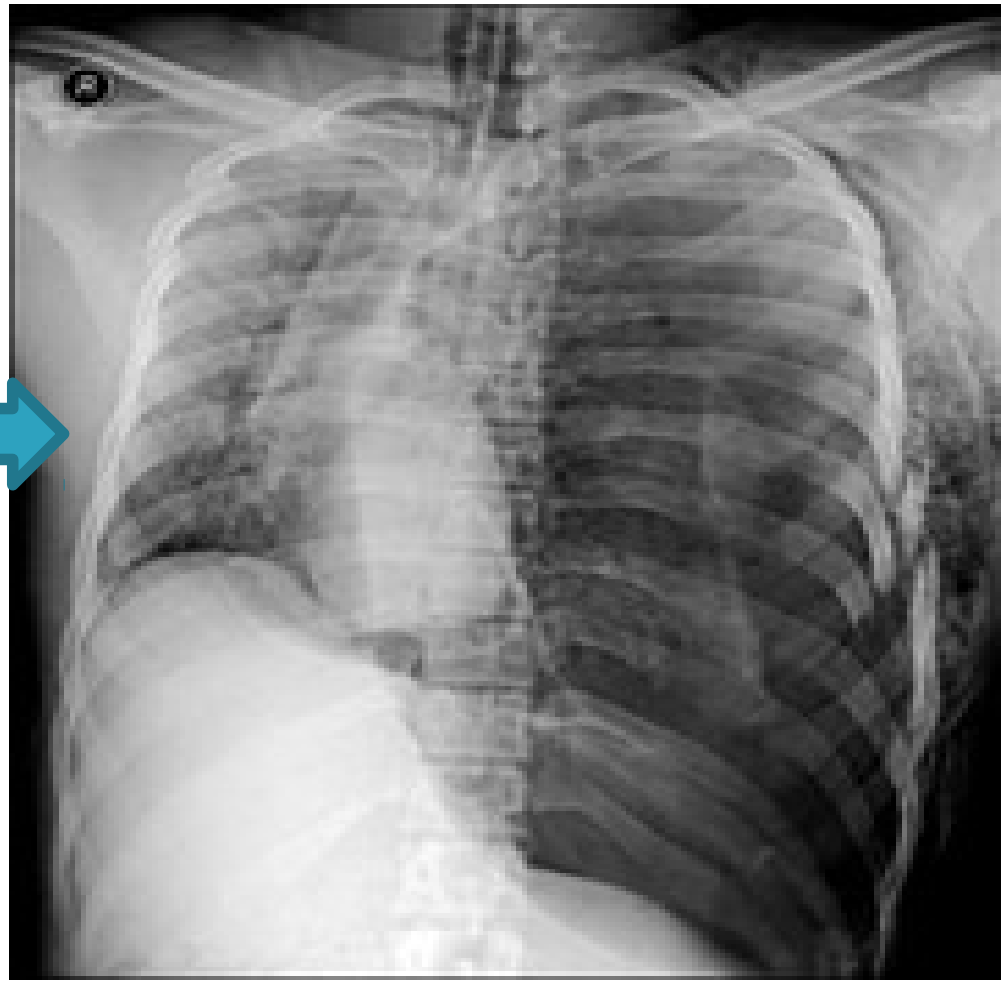
- You must make sure the patient has adequate bilateral breath sounds.
- If not, you must get chest x-ray.

- Remember tension PTX is a clinical diagnosis.
- The next x-ray should not exist.

Breathing

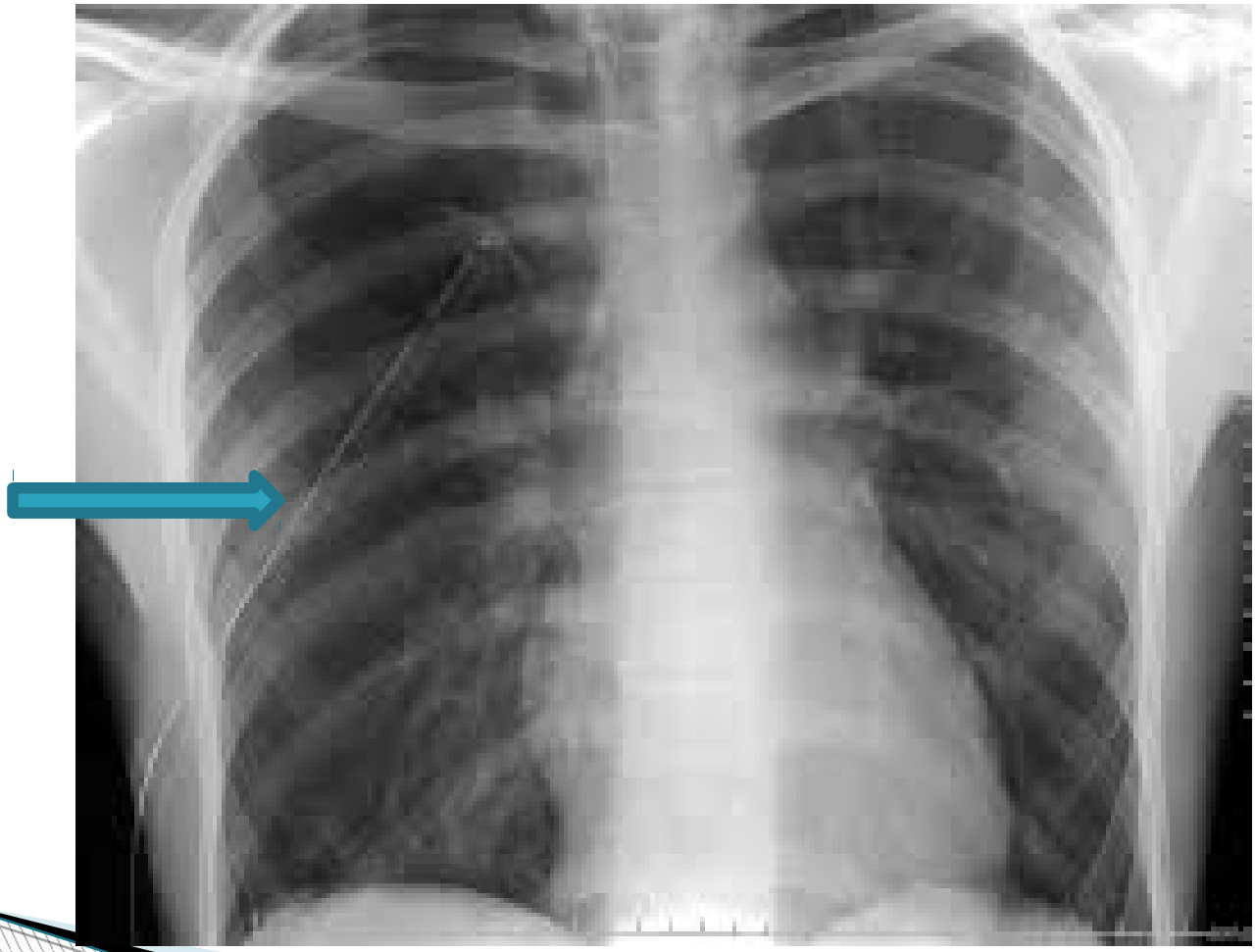
NOT GOOD
Mediastinum shift

Tension PTX



Chest Tube Placement

Chest Tube in Chest



Circulation

- Extremity bleeding is already controlled
- 2 large bore IV’s 14-18 gauge
- HR and blood pressure
- FAST Scan if ship has ultrasound
  - Focused Abdominal Sonography for Trauma

Disability

- GCS
- Pupils….are they reactive and what size
- Following commands
- Voice
- Can they move all extremities

Exposure

- Remove clothing and look over head to toe
- Cover up patient and keep warm
  - Remove wet or blood-soiled clothes
  - Will lose heat faster
  - Chest and pelvis x-ray if ship has the ability

- Specific Situations Unique to the Ship Environment

Man Overboard

Priorities

- Same as for any trauma C✉ A✉ B

- Assess possible injuries
  - Secure airway and start CPR if not breathing.
  - Check for external signs of trauma from fall.
  - Check core temp and aggressively rewarm if less then 36ºC.
  - Even in warm waters, people can be hypothermic. You lose body heat 32 times faster in water than air.

Priorities

- Check chest x-ray
- FAST scan if available
- May not need to medevac if no acute trauma
- Warm up and observe for 6-12 hours

Hangings

Priorities

- Timing is everything
  - How long have they been there?
  - Who saw them last?
  - How did they get down?
    - Were they cut and dropped?
    - Were they cut down and lowered to the ground?

Priorities

- If cut and dropped to the ground, then you must consider head injury or other trauma from the fall.
- If lowered, that is less of a consideration.

- Are they breathing? IF not start CPR.
- Maintain c-spine precautions with c-collar and secure airway. May have cervical spine fracture.
- TIME IS BRAIN FUNCTION!
- Establish IV access and then go to ACLS protocol.

Priorities

- Most likely heart rhythm will be asystole from acidosis. You need to oxygenate, ventilate, and circulate for them until things kick start on there own.
- These are healthy people and if they are salvageable they should have ROSC within 5-10 min.
- More than 30 minutes….no signs of life…… probability of recovery is very low and you should consider termination of code…….

Electrical Burns

Priorities

- A✉ B✉ C
- In this case, make sure the patient is not in cardiac arrest!!!
- You can not handle this on ship!!!
- Stabilize and ship out!
- Check the Airway ✉ secure if needed.
- Breathing ✉ make sure BS equal
  - Make sure no PTX✉ high voltage can actually throw patients ….they can have traumatic injuries too!!!

Priorities

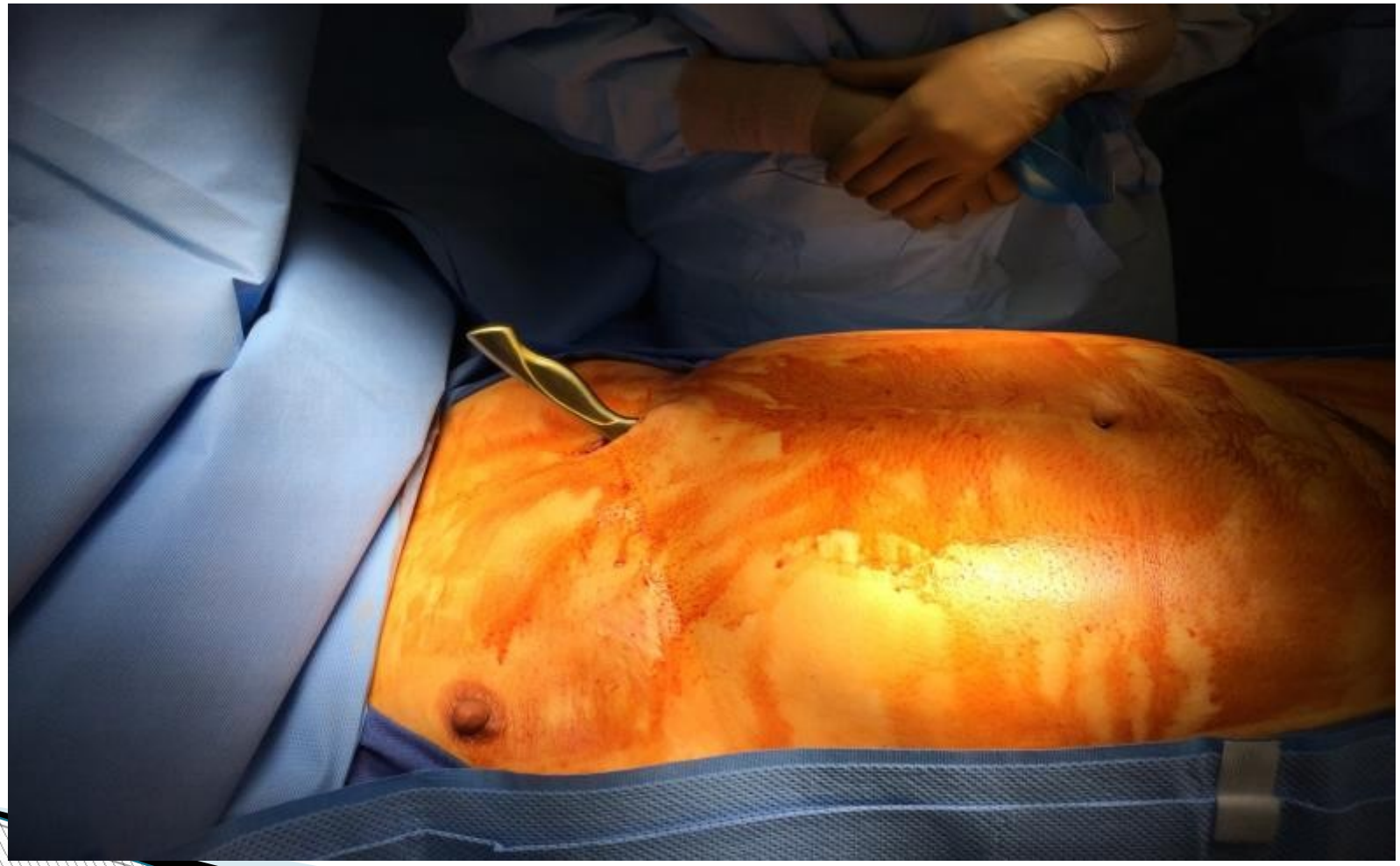
- Check EKG, cardiac enzymes, and cpk…..serially q6 hours until trending down

- Local wound care for burns. Topical bacitracin and xeroform or silverdene will be sufficient
- Evaluate the extent of the burn….percentage of BSA.
- With electrical burns there is a high probability of compartment syndrome and need for escharotomy and fasciotomy.

Priorities

- These injures need to be evaluated by people trained in burns.
- If cpk is rising, need to hydrate patient to keep urine output at 100ml/hr.

Impalements



Priorities

- They need a surgeon!!!
- DO NOT PULL OUT THE OBJECT!!!!
- He would have lived if he left the stinger in and went to the hospital.

Priorities

- Stabilize the object
- Secure airway if needed
- IV access
- Resuscitation 2 liters of fluid and then blood if needed.
- If you are far from a surgeon at sea….Do the best you can……If you pull out the object without being able to control potential bleeding they will die…at least they are alive with a knife in the liver….

Closing Thoughts

- Stay calm…..If you lose control, then the patient dies…….
- Do not be afraid to be afraid……we all get scared, but fall back on what you heard today. Take it one step at a time if you are not sure what to do.
- Do not be ashamed to ask for help and ship patient……better to ship a live patient and have no injury, then to sit on a critical patient and have a dead shipmate.

Question 1

What do you do with an object that is impaled into a patient's abdomen?

A. Pull it out
B. Pull it out and hold pressure
C. Pull it out, hold pressure and assess the airway
D. Leave it in place and secure it so it does not move, assess for other injuries and arrange transport to a medical facility with surgical capabilities

Question 2

What is one of the major concerns for an electrical burn to the arm?

A. Hypovolemic shock
B. Hypoglycemia
C. Delayed presentation of compartment syndrome
D. Contracture alkalosis

Question 3

What is the new trauma model pneumonic?

A. Breathing, Circulation, Airway
B. Airway, Breathing, Circulation
C. Circulation, Airway, Breathing
D. Circulation, Breathing, Airway

Question 4

What are the major concerns for a patient that is overboard?

A. Traumatic injury, hypothermia, possibility of near drowning
B. Failure to follow protocol, and finding the cause of the overboard
C. Hypertension and hyperglycemia
D. Checking for substance abuse problems and doing a fitness for duty evaluation

- Questions

MANAGING CRISES WHILE UNDERWAY

LCDR Adeline Ong
Psychologist
Fleet Mental Health

Coping with Life

- The suicidal patient
- The angry or homicidal patient
- The psychotic patient

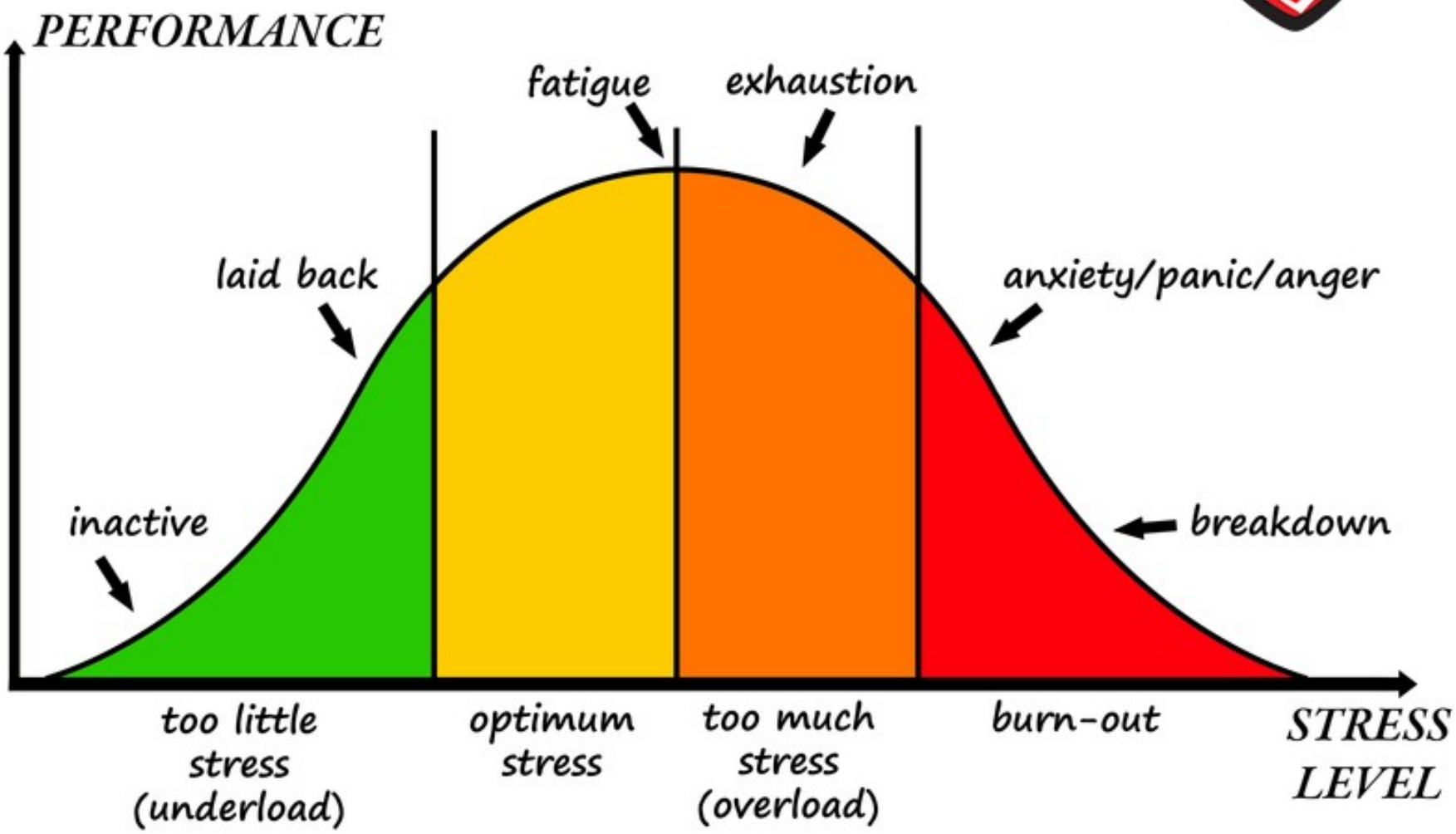
Objectives

- Identify two factors contributing to increased vulnerability to suicidal ideation or self-injurious behaviors.
- Discuss two strategies to manage suicidal ideation or self-injurious behaviors.
- Identify two factors contributing to increased risk of aggressive thoughts or behaviors.
- Discuss two strategies to manage aggressive thoughts or behaviors.
- Identify two factors contributing to experiences of perceptual disturbances.
- Discuss two strategies to manage episodes of perceptual disturbances.

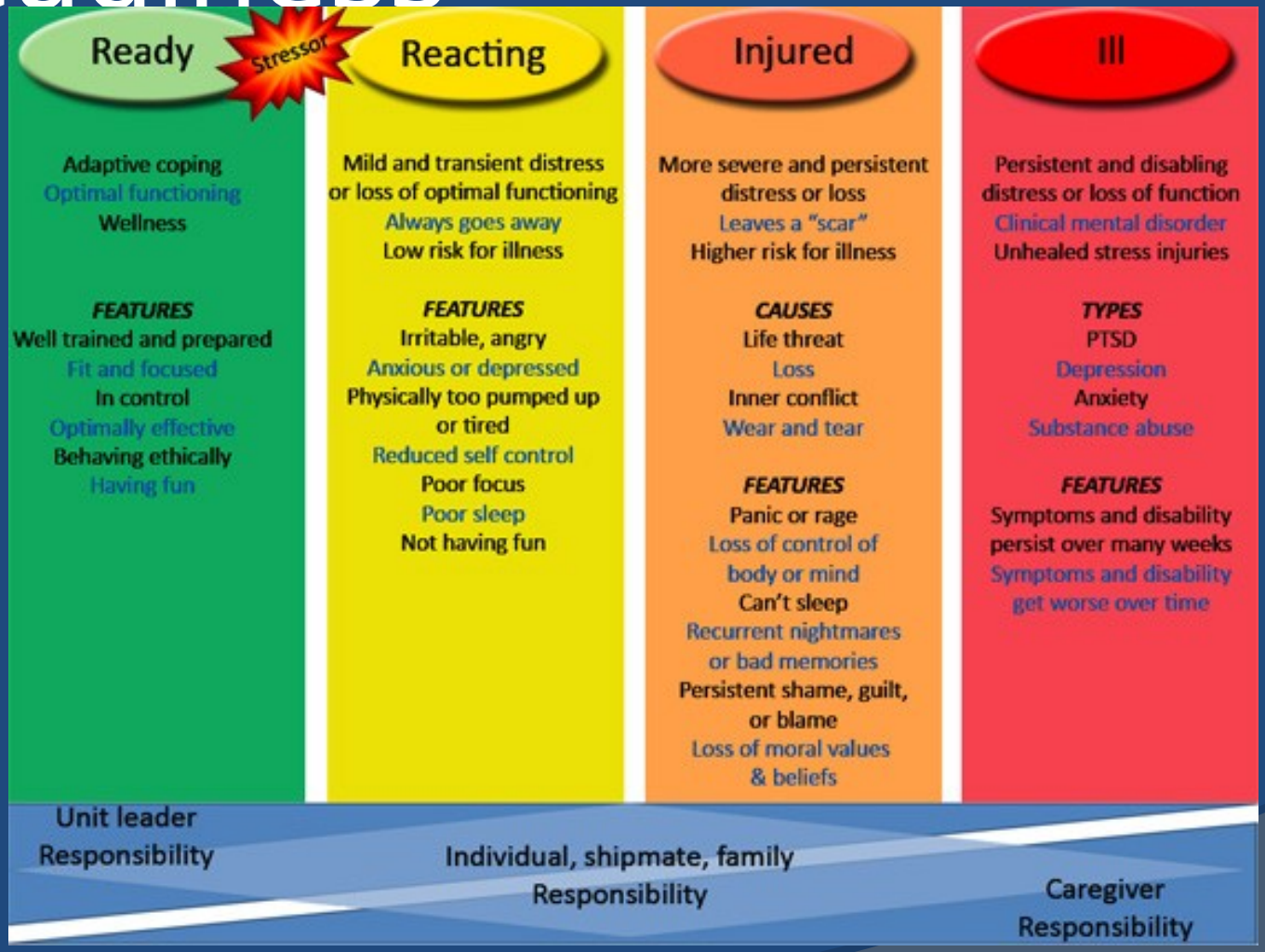
Understanding impact of Stress

- Stress overwhelms our capacity to cope and adapt
  - Lack of coping skills
  - Too many stressors
- When we don’t have the words to resolve our problem or conflict, we resort to alternative means
  - Emotional outbursts, tantrums
  - Suicidal thoughts/behaviors
  - Yelling, hitting, aggression
- Affects our relationships, work, school
  - May lead to disability

STRESS CURVE



Impact on Mission Readiness



http://www.med.navy.mil/sites/nmcsd/nccosc/serviceMembersV2/stressManagement/theStressContinuum/Pages/default.aspx

Managing suicidal thoughts and self-harm

- Suicidal ideation
  - Passive vs Active
  - Plan
  - Intent or desire to die
- Self-harming or suicidal behaviors
  - maladaptive coping
  - cry for help

Vulnerability factors

- SADPERSONAS
  - Sex (male)
  - Age (In military, 20-24 highest risk)
  - Depression
  - Previous attempts
  - Ethanol or drugs
  - Rational thinking loss (distorted perceptions, psychosis, CAH)
  - Social support deficit (and other psychosocial stressors)
  - Organized plan
  - No spouse or significant other
  - Access to lethal means
  - Sickness and current medical illness

What research says about it…

IS PATH WARM?

- Ideation – threatened or communicated
- Substance Abuse – excessive or increased
- Purposelessness – no reasons for living
- Anxiety – agitation or insomnia
- Trapped – feeling there is no way out
- Hopelessness
- Withdrawing – from friends, family, society
- Anger (uncontrolled) – rage, seeking revenge
- Reckless – risky acts, unthinking
- Mood changes (dramatic)

How to manage suicidal thoughts and behaviors

- Normalize stress and reactions to stress
  - It's OK to have emotions.
  - Sometimes we learn unhealthy coping strategies and we can learn healthier coping skills.
- It's not weakness to ask for help.
- Assign a "coping" mentor
- Help establish structure and predictability
- Provide predictable consequences for behaviors and choices
  - It's not OK to hurt others
- Stress tolerance and stress management
- Offer option for break or time out

How to manage suicidal thoughts and behaviors

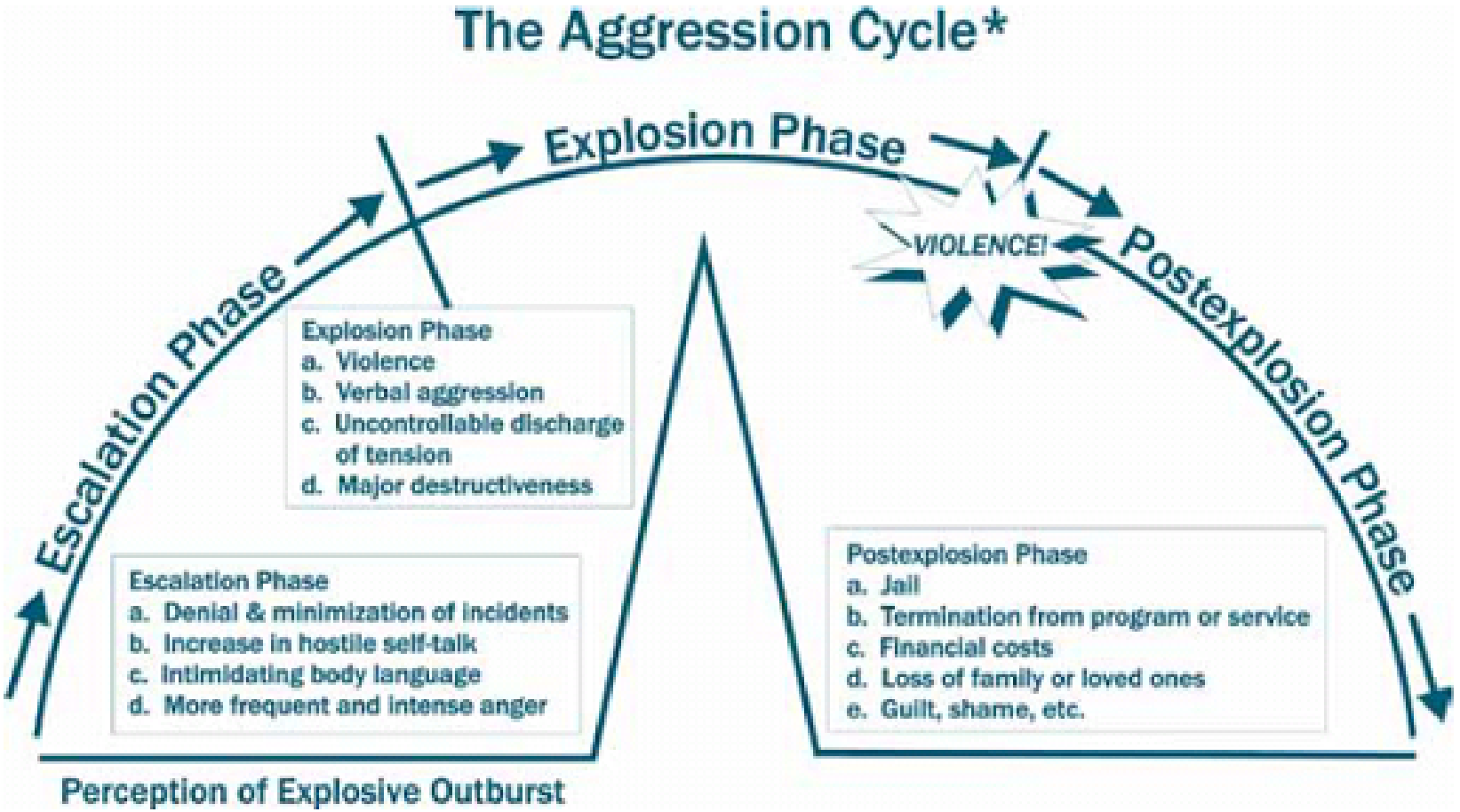
- One to one buddy watch
  - As a show of support
  - Versus used as punitive or shaming tool
  - Never leave a suicidal person alone
- Refer to MH outpatient
- Acute ED evaluation
  - Call Fleet MH Triage Provider for consultation
  - 619-556-8090
- Administrative separation vs LIMDU

Discuss case examples

Managing aggressive or homicidal thoughts

- Aggressive thoughts or impulses
  - Reaction to stress and feelings of loss of control
- Aggressive behavior
  - Treat aggressive behavior as a conduct issue with disciplinary consequences
  - We are all responsible and accountable for our behaviors
- Homicidal ideation with plan
  - Duty to warn

When to intervene – preventing escalation



*Based on the Cycle of Violence by Lenore Walker (1979). *The Battered Woman*. New York: Harper & Row.

De-escalation Tips

crisisprevention.com

- Be empathetic and non-judgmental
- Respect personal space
  - Stand 1.5 to 3 feet away from person
- Be mindful of your nonverbal language
  - Gestures, facial expressions, body language
- Avoid overreacting – remain calm
- Focus on feelings
  - listen to the person, what is their message?
- Ignore challenging questions
- Set limits – clear, simple, respectful
- Choose wisely what you insist upon
  - e.g. choose your battles with the person
- Allow silence for reflection
- Allow time for decisions – don’t rush the person

Managing aggressive thoughts and behaviors long-term

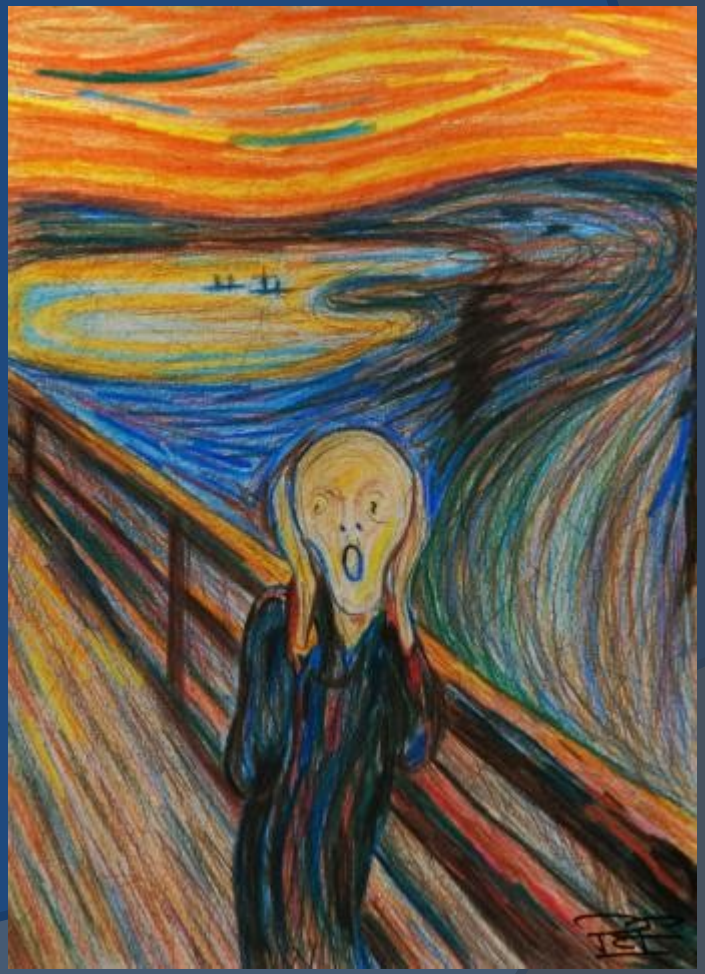
- Normalize stress and reactions to stress
  - It's OK to have emotions.
  - Sometimes we learn unhealthy coping strategies and we can learn healthier coping skills.
- It's not weakness to ask for help.
- Assign a "coping" mentor
- Help establish structure and predictability
- Provide predictable consequences for behaviors and choices
  - It's not OK to hurt others
- Stress tolerance and stress management
- Offer option for break or time out

Discuss case examples

Perceptual Distortions and how to manage them

- Substance induced
- Sleep disturbance
- Severe stress reaction
  - Such as severe depression – typically congruent with mood and/or situation
  - Paranoia
  - Flashbacks
- Personality dysfunction
- Psychotic disorder

Discuss case examples



Basic Coping Tips

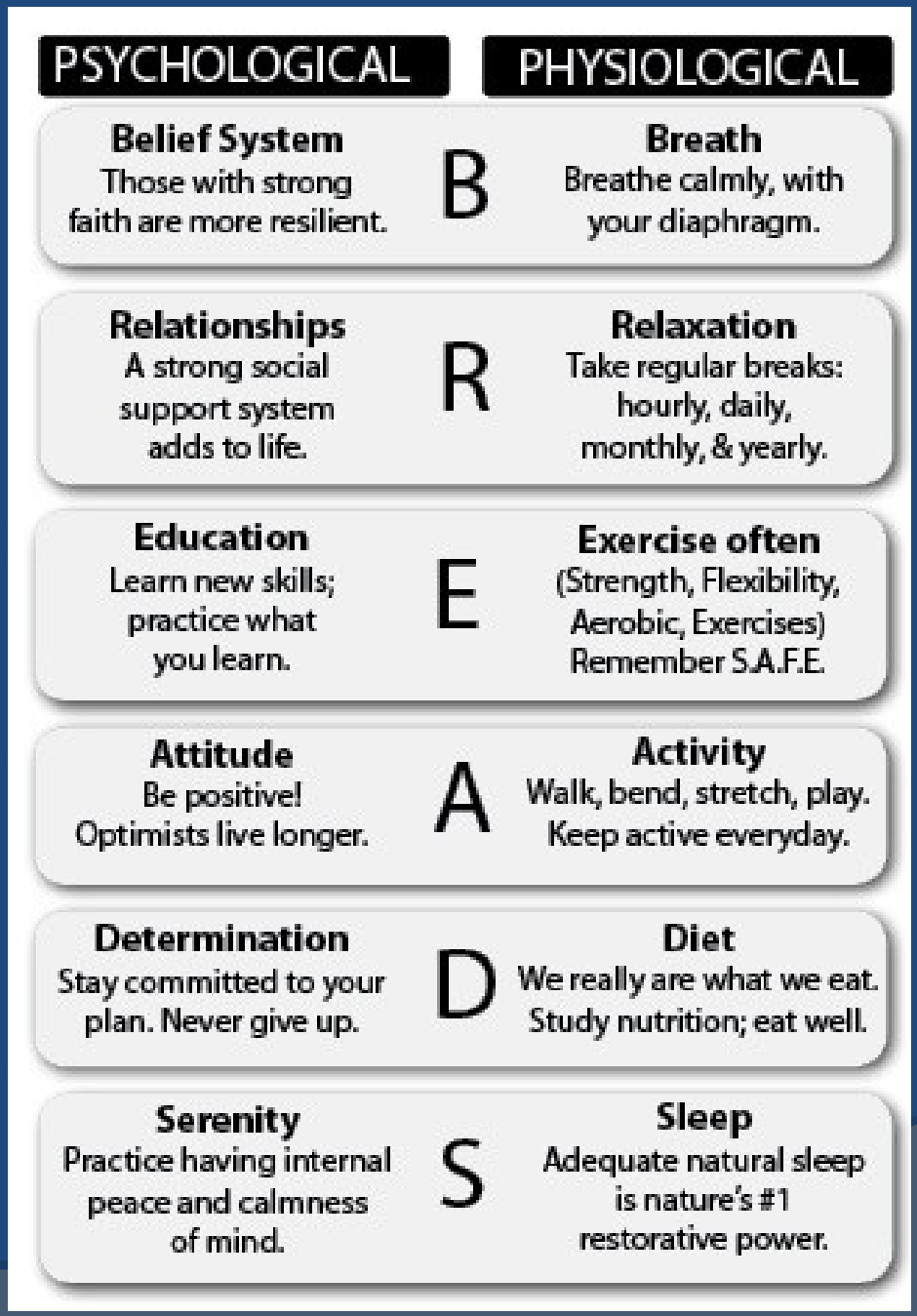
- Taking breaks – “time outs”
- Relaxation exercises
  - Deep breathing
  - Progressive muscle relaxation
  - Phone apps – e.g. Breathe to relax
- Basic skills training
  - Communication, assertiveness, stress management
- Creating structure and predictability in an unpredictable environment
  - Creating a sense of control and self-efficacy

Recognizing HALT

- We are vulnerable to stress and coping poorly when we are
  - Hungry
  - Angry
  - Lonely
  - Tired
- Taking care of our basic needs helps us to better cope with occupational and life stressors

Create a support network

- Doc
- Mentors
- Peer support
- Chain of command
- Friends and family
- Chaplain
- Medical, FFSC, Fleet MH
- Military OneSource -- hotline


PSYCHOLOGICAL
PHYSIOLOGICAL
Belief System
Those with strong faith are more resilient.
B
Breath
Breathe calmly, with your diaphragm.
Relationships
A strong social support system adds to life.
R
Relaxation
Take regular breaks: hourly, daily, monthly, & yearly.
Education
Learn new skills; practice what you learn.
E
Exercise often
(Strength, Flexibility, Aerobic, Exercises) Remember S.A.F.E.
Attitude
Be positive! Optimists live longer.
A
Activity
Walk, bend, stretch, play. Keep active everyday.
Determination
Stay committed to your plan. Never give up.
D
Diet
We really are what we eat. Study nutrition; eat well.
Serenity
Practice having internal peace and calmness of mind.
S
Sleep
Adequate natural sleep is nature's #1 restorative power.

Stress Management

1. WHAT IS STRESS?

Stress arises when there is an imbalance between the demands present in our lives and the resources available to cope with these demands. Our increasingly dynamic lifestyles mean that our lives are constantly undergoing changes. While imbalance may occur through such changes, it is our reactions to these changes and events that determine when we feel stressed.

How do I begin to manage stress?

FIND THE SOURCE OF ANY PROBLEMS.

The first step to effective stress management is to identify the changes and imbalances that are causing you to react. In addition, however, it is also important to note you may be causing your own stress through personal expectations, feelings and thoughts.

Some of the most common areas that may cause stress include:

1. Time constraints/deadlines
2. Character clashes with others
3. Money problems
4. Sudden/unexpected changes
5. Excessive responsibilities
6. Spousal problems

2. REACTIONS TO STRESS

Reactions to stress depend greatly on the individual with symptoms manifesting themselves both physically and mentally. The most common reactions to stress include:

1. Eating too much
2. Drinking too much
3. Inability to sleep
4. Smoking

In the most extreme cases, people who maintain high levels of stress are at greater risk from heart disease, high blood pressure and often suffer from chronic hostility and cynicism. However, the more common symptoms resulting from stress are as follows:

1. Upset stomach
2. Tight neck muscles
3. Irritability
4. Headaches

LOWER YOUR TENSION LEVELS

Although negative reactions to stressful situations may be difficult to avoid at times, it is worth taking the time to analyse your negative reactions and consider how these might be changed to more positive reactions. For example:

Negative Reactions	Positive Reactions
Worrying/rushing	Organising/prioritising
Overspending	Budgeting
Blaming others	Accepting responsibility
Feeling fearful	Asking for help
Insulting/judgmental remarks	Talking it over
Eating too much	Exercising/physical activity

3. COPING WITH STRESS

THINK ABOUT IT

Coping with stress means coming to grips with the fact that some situations are beyond our control. As well as altering your reactions to stress you must also equip yourself with the following skills for coping with stress.

ACCEPTANCE

Some stress can be relieved if you just accept that in some situations, you have very little or no control. Once you have accepted this fact you can reduce stress levels by using language such as "Some day I'll laugh about this", or "This is a learning experience".

ATTITUDE

When faced with a stressful situation, be positive. Ask yourself "What can I learn from all this?" Through positive thinking, stress levels will be reduced, your mind will become clearer and solutions will be found more readily as a result.

PERSPECTIVE

All too often we become stressed over things which never happen or scenarios which never take place. Put things in perspective. Ask yourself, "In the grand scheme of things, how important is this situation?", "Is there anything I can do?", and, "In five years time, will I even recall this event?"

4. THINK POSITIVELY

TAKE ACTION

Don't let stress control you. Take positive action which will reduce your levels of stress.

SELF TALK

"Self talk" is when we express our expectations and thoughts on a situation and its potential outcome as we see it. This can be both helpful and detrimental to our levels of stress as there can be positive and negative ways in which we might perceive the outcome of a situation.

Positive self-talk

Thinking of positive ways to view a situation can provide an effective weapon against stress."I'm in control," and "I can meet these challenges" are examples of positive self talk.

Negative self-talk

Thoughts such as "I can't","This is too difficult" or "I have to be perfect" are negative and produce stress.

Negative Thought Patterns	Positive Thought Patterns
SITUATION: You make a mistake at work.	SITUATION: You make a mistake at work.
STRESS THOUGHT: "I can't do this" "I've failed at my job".	EMPOWERING THOUGHT: "What can I do to improve?" "How can I prevent this from occurring again?"
REACTION: Sadness, low self-esteem	REACTION: Feeling of mastery and self-confidence

5. TIME MANAGEMENT

Organisation and forward planning is central to managing your time effectively.

1. Make an achievable "to-do" list and prioritise tasks.
2. Remember that sometimes it is not possible to get everything done in one day. There is always tomorrow.
3. Get yourself a personal organiser and make sure you utilise it.
4. Break up each of your tasks into small, easily achievable chunks.
5. Delegate as much as you can.
6. Handle each document only once.
7. Prepare agendas for meetings and keep those present on track.

6. BALANCE WORK & FAMILY

Sometimes the pressures of balancing a career and a family can be overwhelming. Gain control by using the following suggestions.

KEEPING BALANCE AT WORK

- Work to a strict timetable and stick to limits you have set.
- Learn to say no without feeling guilty. Practice by making two positive statements followed by one negative, followed again by one more positive statement. For example:

  "I enjoy working on this project and I enjoy working with you, but I can't stay tonight. I will do it first thing tomorrow"

- Be brief. The longer you talk the more likely you are to give in.

KEEPING BALANCE AT HOME

- Cook in large quantities and freeze individual meals.
- Set up daily and weekly routines for chores and share with other family members.
- Schedule quality time with family members.
- Prepare for unexpected eventualities. For example: Keep a spare set of car keys in case of an emergency.
- Allow yourself to switch from a working role to a family role.
- Use your commute time to prepare for your next role.

7. COMMUNICATION

Communication is all important if you are to work effectively with others and if you are to get the understanding of your work colleagues and family members.

EFFECTIVE COMMUNICATION

Outgoing communication

- Organise your communication method.
- When speaking, express your individuality by using " I " statements. For example, "I believe that...".
- Don't judge others.
- Do not call people names.
- Be able to receive feedback in both positive and negative forms.

Incoming communication

- Establish and maintain eye contact.
- Listen to the entire message. Understand not only the content but also feelings and meaning.
- Ensure you have understood the message through summarising what you have heard.

Build a support system

- Form bonds with people at home and work.
- Create a good network within which you can obtain care and support.
- Express negative feelings to others as this makes way for positivity.

8. BREAKING THE CYCLE

TAKING TIME OUT IS IMPORTANT

- Get away from it all. Read a book, listen to music, read a meaningful quotation.
- Laugh. You deserve it. Share jokes.
- If you feel tense, close your eyes, breath deeply, or go for a walk.

EXERCISE

- Remember that exercise can reduce tension, leaving the body better equipped to handle stress.
- Pick a form of exercise you like. Do it for 20-30 minutes, 3-4 times per week.
- Stretch breaks can relieve tension.
- Going for a walk is a simple form of exercise.

Question 1

- Overwhelming stress can result in which of the following symptoms:
  A. Suicidal thoughts and behaviors
  B. Aggressive behaviors
  C. Perceptual distortions
  D. All of the above

Question 2

- Which of the following is not a strategy for managing suicidal ideation?
  A. Creating predictability and sense of control in an unpredictable environment
  B. Assigning a positive mentor
  C. Giving the person space to be alone.
  D. Teaching time management skills

Question 3

- Which of the following would facilitate de-escalation of an angry person?
  A. Setting simple limits and boundaries
  B. Ignoring their feelings
  C. Pressing the individual to make a decision or commitment
  D. Presenting a more aggressive stance than the person

Question 4

- Paranoia and perceptual disturbances always indicate the individual is suffering from schizophrenia.
  A. True
  B. False

Question 5

- What is not a high risk factor for suicide?
  A. Female gender
  B. Ages 20-24
  C. No spouse or significant other
  D. Binge drinking

Question 6

- “The world would be better off without me” is an example of:
  A. Suicide attempt
  B. Suicidal gesture
  C. Active suicidal ideation
  D. Passive suicidal ideation

Upcoming Meetings

- August 27th @1000-1200
  - X-ray interpretation (GMOs)
  - Pelvic/speculum exam (IDCs)
- September 30th @1000-1200
  - Ortho emergencies + Splint/Cast basics
  - Prev Med
- October 28th @1000-1200
  - EKG Interpretation
  - Optho Emergencies
  - ACR

CME – Registration Help

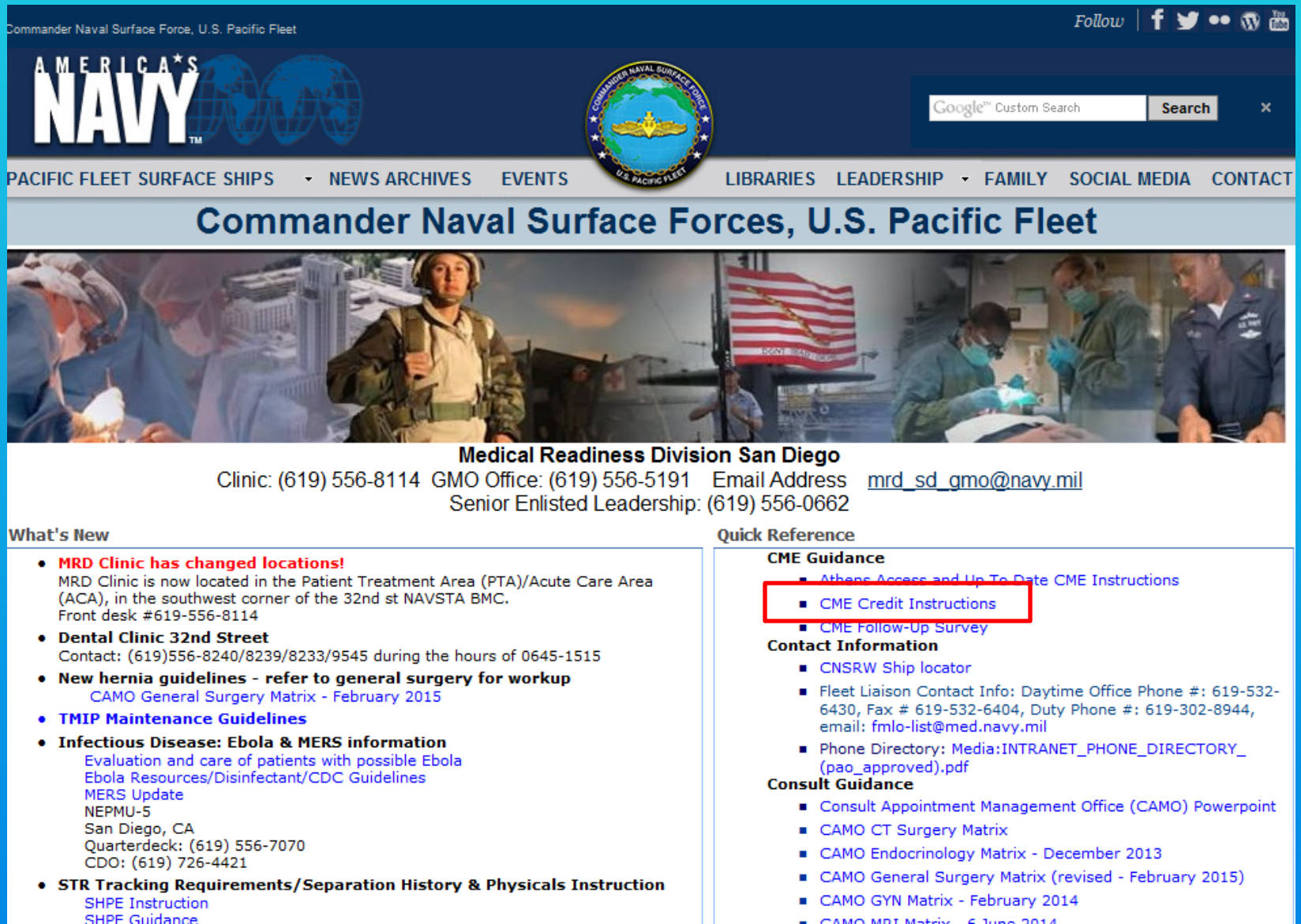
<u>Following the meeting:</u>

Computers in lobby

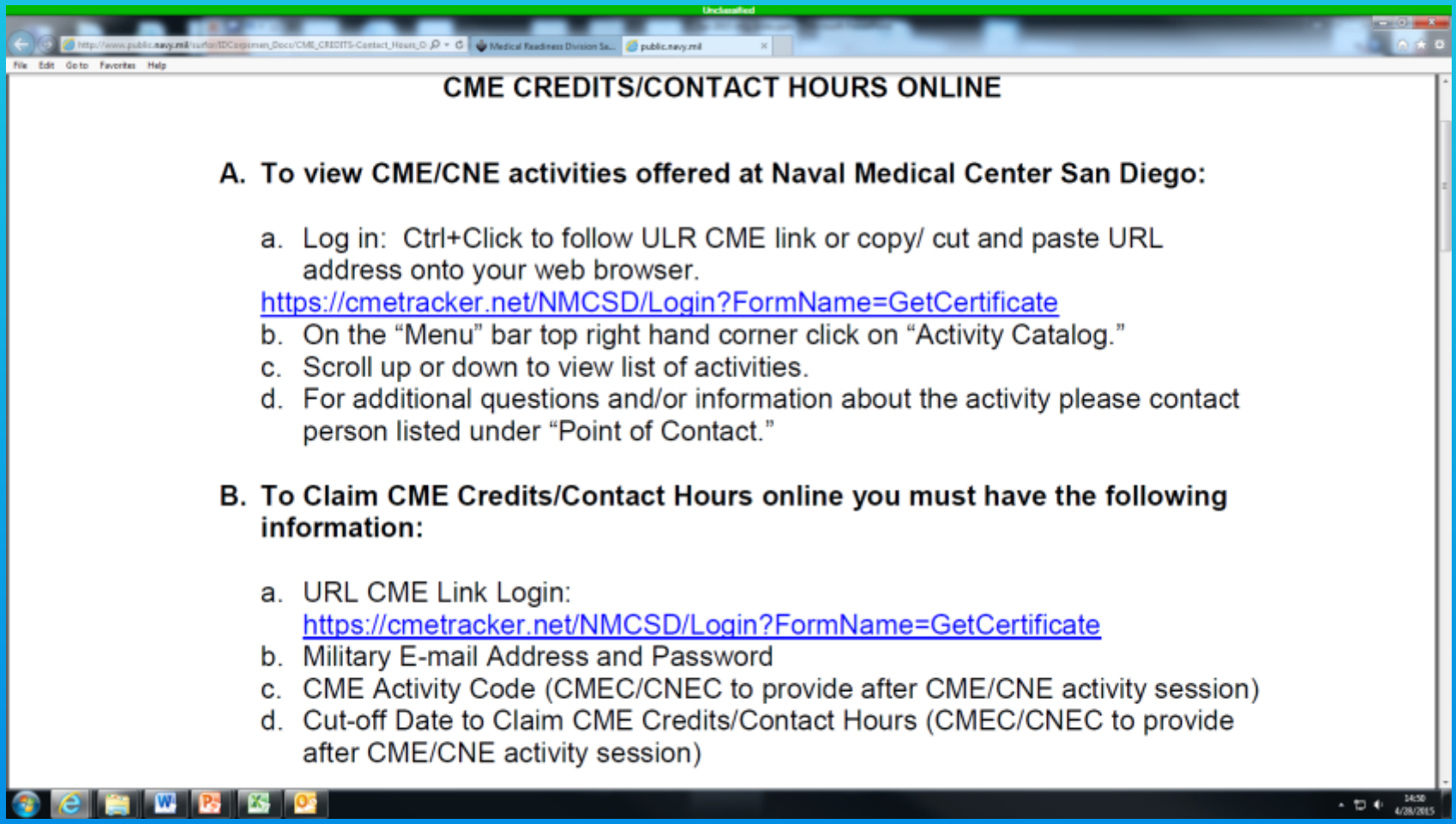
Register and/or Login to redeem CME's

Month	# of Redeemed CME's
JAN	**4**
FEB	**1**
MAR	**6**
APR	**6**
MAY	**2**
JUN	**8**

CME – how to


Commander Naval Surface Force, U.S. Pacific Fleet
Follow
AMERICA'S NAVY
Google™ Custom Search
Search
PACIFIC FLEET SURFACE SHIPS
NEWS ARCHIVES
EVENTS
LIBRARIES
LEADERSHIP
FAMILY
SOCIAL MEDIA
CONTACT
Commander Naval Surface Forces, U.S. Pacific Fleet
Medical Readiness Division San Diego
Clinic: (619) 556-8114 GMO Office: (619) 556-5191 Email Address mrd_sd_gmo@navy.mil
Senior Enlisted Leadership: (619) 556-0662
What's New
MRD Clinic has changed locations!
MRD Clinic is now located in the Patient Treatment Area (PTA)/Acute Care Area (ACA), in the southwest corner of the 32nd st NAVSTA BMC.
Front desk #619-556-8114
Dental Clinic 32nd Street
Contact: (619)556-8240/8239/8233/9545 during the hours of 0645-1515
New hernia guidelines - refer to general surgery for workup
CAMO General Surgery Matrix - February 2015
TMIP Maintenance Guidelines
Infectious Disease: Ebola & MERS information
Evaluation and care of patients with possible Ebola
Ebola Resources/Disinfectant/CDC Guidelines
MERS Update
NEPMU-5
San Diego, CA
Quarterdeck: (619) 556-7070
CDO: (619) 726-4421
STR Tracking Requirements/Separation History & Physicals Instruction
SHPE Instruction
SHPE Guidance
Quick Reference
CME Guidance
Athens Access and Up To Date CME Instructions
CME Credit Instructions
CME Follow-Up Survey
Contact Information
CNSRW Ship locator
Fleet Liaison Contact Info: Daytime Office Phone #: 619-532-6430, Fax # 619-532-6404, Duty Phone #: 619-302-8944, email: fmlo-list@med.navy.mil
Phone Directory: Media:INTRANET_PHONE_DIRECTORY_(pao_approved).pdf
Consult Guidance
Consult Appointment Management Office (CAMO) Powerpoint
CAMO CT Surgery Matrix
CAMO Endocrinology Matrix - December 2013
CAMO General Surgery Matrix (revised - February 2015)
CAMO GYN Matrix - February 2014

CME – how to



CME CREDITS/CONTACT HOURS ONLINE

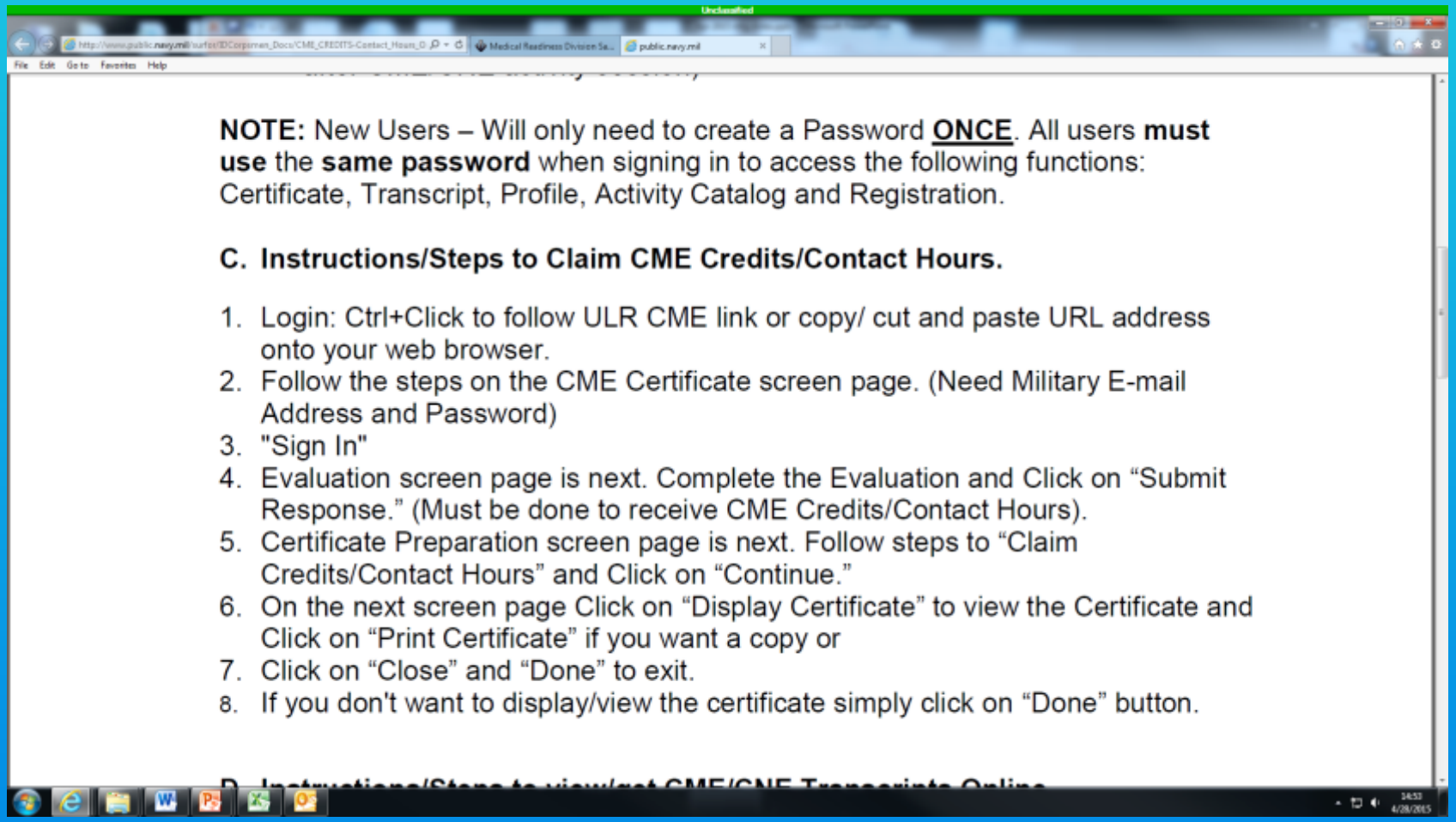
A. To view CME/CNE activities offered at Naval Medical Center San Diego:

a. Log in: Ctrl+Click to follow ULR CME link or copy/ cut and paste URL address onto your web browser.
https://cmetracker.net/NMCSD/Login?FormName=GetCertificate
b. On the "Menu" bar top right hand corner click on "Activity Catalog."
c. Scroll up or down to view list of activities.
d. For additional questions and/or information about the activity please contact person listed under "Point of Contact."

B. To Claim CME Credits/Contact Hours online you must have the following information:

a. URL CME Link Login:
https://cmetracker.net/NMCSD/Login?FormName=GetCertificate
b. Military E-mail Address and Password
c. CME Activity Code (CMEC/CNEC to provide after CME/CNE activity session)
d. Cut-off Date to Claim CME Credits/Contact Hours (CMEC/CNEC to provide after CME/CNE activity session)

CME – how to



NOTE: New Users – Will only need to create a Password **ONCE**. All users **must use** the **same password** when signing in to access the following functions: Certificate, Transcript, Profile, Activity Catalog and Registration.

C. Instructions/Steps to Claim CME Credits/Contact Hours.

1. Login: Ctrl+Click to follow ULR CME link or copy/ cut and paste URL address onto your web browser.
2. Follow the steps on the CME Certificate screen page. (Need Military E-mail Address and Password)
3. "Sign In"
4. Evaluation screen page is next. Complete the Evaluation and Click on “Submit Response.” (Must be done to receive CME Credits/Contact Hours).
5. Certificate Preparation screen page is next. Follow steps to “Claim Credits/Contact Hours” and Click on “Continue.”
6. On the next screen page Click on “Display Certificate” to view the Certificate and Click on “Print Certificate” if you want a copy or
7. Click on “Close” and “Done” to exit.
8. If you don't want to display/view the certificate simply click on “Done” button.

CME – how to

NAVAL MEDICAL CENTER
SAN DIEGO
THE PRIDE OF NAVY MEDICINE
My Profile
My Certificate
My Transcript
My Registrations
Activity Catalog
CME Certificate
Sign In
Welcome!
To evaluate the program and display your certificate, please follow the steps below:
1. Enter your Military Email Address: joseph.lagrew@navy.mil
2. Please select one of the following:
I already have a password, and my password is:
Forgot Password?
I am a new user (You'll create a password later)
3. Enter CME Activity Code 7755
4.
Sign In
(be sure your browser allows pop-ups)
If you would like to view or print a past certificate, please click here
*Note-Reprint of certificates valid only for certificates received after 10-1-11

CME Information

- CME Code (To claim credit online): **7911**
- Closing Date (To claim credit online): **07 AUG 2015**
- To complete CME
  - Log onto the MRD IDC website and click on the CME credit link

    or

  - Go to NMCSD SEAT SharePoint site (via citrix or NMCSD/BMC computer) and click on MRDSD Waterfront Meeting

http://nmcsd-as-spfe05/sites/dpe/setd/Lists/cmesurvey/Item/newifs.aspx?List=be0f840e%2D0489%2D4b5a%2Db8de%2D9c4cd1a323e5&Web=0901130e%2Dd444%45b8%2D8bc7%2D5b9ec10dca77

Post Tests

Please put your name on the quiz!

CME Code: 7911